

**Holder Claim Form**  
**Claim and Affidavit for Recovery of Property**

<b>Please complete each section.</b>	
<u>Holder</u> Name _____ Address _____ _____ (City) (State) (Zip) Phone Number _____ Report Date _____ Sheet Number _____ Property Description _____ _____ Property Type _____ Amount _____	<u>Owner</u> Name _____ Address _____ _____ (City) (State) (Zip) Social Security Number _____  Please mail form to:  Office of State Treasurer Unclaimed Property Division One Players Club Drive Charleston, WV 25311  If you have questions: Phone Number (800) 642-8687  Please allow approximately 60 to 90 days for your claim to be processed

Claim is hereby filed for unclaimed property held by the Treasurer of the State of West Virginia in accordance with the Uniform Unclaimed Property Act, WV Code § 36-8-1, et seq.

I, \_\_\_\_\_ (individual representing the business), being duly sworn according to law, and invoking the penalty for false swearing, do depose and say on oath before Almighty God that the claim is valid; and due \_\_\_\_\_ (business name). I do further certify that \_\_\_\_\_ (business name) has paid the above mentioned owner or claimant and that such person was entitled to the above mentioned property.

Representative Signature \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ My commission expires \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notary Stamp Here